

# TRANSMITTAL FORM

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Total Number of Pages in This Submission

15

Application Number

10/533,847

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First Named Inventor

URNOV et al.

Art Unit

1634

Examiner Name

B. Sisson

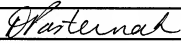
Attorney Docket Number

8325-0034 (S34-US1)

## ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input checked="" type="checkbox"/> Drawing(s) (5 sheets Replacement drawings)                          | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final (9 pages)                 | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                 | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   |   |
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|   | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648. |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Robins & Pasternak LLP  |          |        |
| Signature    |  |          |        |
| Printed name | Dahnna S. Pasternak   |          |        |
| Date         | March 30, 2009  | Reg. No. | 41,411 |

## CERTIFICATE OF TRANSMISSION/MAILING

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| Typed or printed name | Michelle Hobson   | Date | March 30, 2009 |